## EXHIBIT 72

Participant must provide all of the information below in English:

<ol> <li>Participant's contact information, including email ad if any:</li> </ol>	dress, and that of its counsel,
alit En	9/05 6-UZNION
Participant's Name: VACCIOFE IN OF S  Participant's Address: Police las lomas yerdes	528 calle Plotino
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant	pant's Claim:
Claim Number: 23/5	
Nature of Claim: Retire MICHT	
Nature of Claim:  Retire MICHT  By: Meda E Marcle Shypnon  Signature	
Hector E Motolos Guz XNON	RECEIVED
Print Name	AUG 0 9 2021
Title (if Participant is not an individual)	PRIME CLERK LLC
8/4/202/ Date	

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Mector E Morales Guzmoni Parcelas lo Mos Verdes 523 calle Plotino Moca PR 00676

SAN JUAN PR 009 4 AUG 2021 PM 2 L

RECEIVED

AUG 09 2021

PRIME CLERK



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